Office of the City Clerk 433 River St, Suite 5001 Troy, NY 12180 Phone: 518-279-7134 cityclerk@troyny.gov



BACKGROUND CHECK AUTHORIZATION

□ Special Event Coordinator□ One-Day Event Vendor	□ Peddler* □ Vendor*	□ Games o		f Chance/Bingo		
*Fingerprinting is required every Services at 877-472-6915 or ww this service; make payment direct	w.L1enrollment.con					
Full Legal Name:						
Address:						
Date of Birth:		Social Security #:				
List any and all other names you	have ever used:					
List all nicknames you have ever	used:					
List in reverse chronological order all of the places you have resided in the past ten years:						
Street # and Name	City or Town			State/Provi	Country	
Have you ever been convicted of a crime? If yes, explain:						
I hereby give the City of Troy and its past history. This background check ever been convicted of any crime or in immediate disqualification for the that the statements made herein are	includes, but is not li have a criminal reco permit or license for v	imited to, a rd. Giving fa which I hav	reco alse e ap	ords check to order statements or plied. I declar	determine whethen this application e under penalty c	er I have will result of perjury
Signature:				Date:		
		Γ				
			Fingerprint review: ☐ Approved ☐ Denied Local review: ☐ Approved ☐ Denied			
			Sig	nature		Date